



TACTICAL RESPONSE REPORT/Chicago Police Department

| | | | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|--|--|--|--|-----------------|--|----------------|--|
| MEMBER INVOLVED | | 1. DATE OF INCIDENT 10-SEP-2017 | | TIME 00:50:00 | | 2. ADDRESS OF OCCURRENCE 2110 N LARAMIE AVE CHICAGO, IL 60639 | | 3. LOCATION CODE 304 | | 4. BEAT/OCCUR 2515 | | 5. VIDEO RECORDED INCIDENT 01 BWC <input checked="" type="checkbox"/> 02 IN-CAR CAMERA 03 OTHER REPT VIDEO | | | | | |
| | | 6. POSITION 9161 | | 7. LAST NAME OEINCK | | 8. FIRST NAME JESSE A | | 9. STAR NO. 12561 | | 10. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 11. RACE CODE WHI | | 12. AGE 1988 | | 13. HT. 600 | |
| SUBJECT INFORMATION | | 15. DATE OF APPT. 06-APR-2015 | | 16. EMPLOYEE NO. | | 17. UNIT & BEAT OF ASSIGNMENT 025 2532R | | 18. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off | | 19. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 20. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | | | | |
| | | 21. LAST NAME FLORES | | 22. FIRST NAME JUAN | | 23. M.I. | | 24. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | | 25. RACE WWH | | 26. O.O.B. 27-JAN-1998 | | 27. HT. | | 28. WT. | |
| REASON FOR USE OF FORCE (Check all that apply) | | 29. ADDRESS 2112 N LARAMIE AVE CHICAGO, IL 60639 | | 30. TELEPHONE NO. | | 31. WAS SUBJECT ARMED? VEHICLE - OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT INJURED BY MEMBER? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 33. SUBJECT ALLEGED INJURY BY MEMBER? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| | | 34. IF SUBJECT INJURED, DESCRIBE INJURY <input checked="" type="checkbox"/> 01 Fatal <input type="checkbox"/> 02 Non-Fatal - Major Injury <input type="checkbox"/> 03 Non-Fatal - Minor Injury <input type="checkbox"/> 04 Non-Apparent/None | | 35. WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN | | 36. BY WHOM? | | 37. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | 38. CHARGES PLACED DNA | | 39. CB NO. | | IR NO. | | ONA | |
| SUBJECTS ACTIONS | | 40. PASSIVE RESISTER | | ACTIVE RESISTER | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | | ASSAULT: DEADLY FORCE | | | | | | | |
| | | DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____ | | FLEO <input type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____ | | IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____ PERCEIVED AS _____ | | ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____ | | USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input checked="" type="checkbox"/> OTHER _____ PERCEIVED AS _____ | | | | | | | |
| MEMBER'S RESPONSE | | MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> LRAD WITH AUTHORIZATION <input type="checkbox"/> OTHER _____ | | OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (ARC Cycle) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> OTHER _____ | | ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____ | | FIREARM <input checked="" type="checkbox"/> OTHER _____ | | | | | | | |
| | | 41. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | RANK | | STAR NO. | | UNIT NO. | | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 45. DID THE DISCHARGE RESULT IN A SELF-INDICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | | | | | | | | | |
| | | 46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 48. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 49. WEATHER CONDITIONS CLEAR | | | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | 50. MAKE/MANUFACTURER GLOCK, INC. - AU- | | 51. MODEL 17 | | 52. BARREL LENGTH 4.48 | | 53. CALIBER/GAUGE 9 MM | | | | | | | | | |
| | | 54. TASER PART ID NO. | | 55. WEAPON SERIAL No. (Include Letters) YYU775 | | 56. CHICAGO GUN REG. NO. R036991S | | 57. IL FIREARM OWNER ID. NO. 13836737 | | 58. HANOGUN CERTIFICATE NO. | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | 59. SPECIAL WEAPON CERTIFICATE NO. | | 60. PROPERTY INVENTORY NO. | | 61. TYPE OF AMMUNITION USED Department Issued | | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 63. TOTAL NO. OF SHOTS MEMBER FIRED 5 | | | | | | | |
| | | 64. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY) | | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 67. HOW WAS MEMBER'S HANOGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) | | 75. EVENT NO. 1725300689 | | | | | | | |
| WEAPON DISCHARGE INCIDENT | | 68. HOW WAS MEMBER'S HANDGUN DRAWN <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) | | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | 70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | 76. RD NO. JA425451 | | | | | | | | | |
| | | 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) PINNED BETWEEN VEHICLES | | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 07 NONE <input type="checkbox"/> 08 ANY OTHER COMBINATION | | 74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | | | | | |

| | | | | | |
|--|---|-----------------|--|--|--------------------------|
| CASE INFORMATION | 77. NOTIFICATIONS (ALL INCIDENTS) <input type="checkbox"/> IMMEDIATE SUPERVISOR <input type="checkbox"/> DSS OF DISTRICT OF OCCURRENCE NOTIFICATIONS (TASER, OC SPRAY, OTHER CHEMICAL WEAPONS INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> CPIC NOTIFICATIONS (USE OF DEADLY FORCE, FIREARM, IMPACT MUNITIONS, LRAD, CANINE INCIDENT): <input checked="" type="checkbox"/> OEMC Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | | 1725300689 75. EVENT NO. | |
| | 78. ADDITIONAL INFORMATION OFFENDER STRUCK P.O. OEINCK WITH HIS VEHICLE, PINNING HIM BETWEEN HIS VEHICLE AND THE MARKED SQUAD CAR. | | | | |
| SIGNATURES | 79. REPORTING MEMBER (Print Name) KENDZIOR, KEVIN G 10-SEP-2017 07:46:31 | | STAR/EMPLOYEE NO. 299 | SIGNATURE  | JA425451 76. R.D. NO. |
| | Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below. | | | | |
| 80. REVIEWING SUPERVISOR (Print Name) KENDZIOR, KEVIN G | | STAR NO. 299 | SIGNATURE  | DATE REVIEWED TIME 10-SEP-2017 07:57:06 | |

Additional discharged weapons:

| | | | | | | | | | | | |
|---------------------------|---|--|--|--|---|---|---|--|--|-----------------------------|--|
| WEAPON DISCHARGE INCIDENT | <input type="checkbox"/> DNA | | 41. *OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) | | RANK | STAR NO. | UNIT NO. | 42. DID THE INVOLVED MEMBER DISCHARGE A WEAPON ONLY TO DESTROY OR DETER AN ANIMAL? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 1725300689 75. EVENT NO. | |
| | 43. WAS THIS AN ACCIDENTAL DISCHARGE IN THE CONTEXT OF A NON-CRIMINAL INCIDENT? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 44. DID THIS WEAPON CONTRIBUTE TO A SUBJECT INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No | | 45. DID THE DISCHARGE RESULT IN A SELF-INFLICTED INJURY? <input type="checkbox"/> 01 No <input checked="" type="checkbox"/> 02 Yes - Subject <input checked="" type="checkbox"/> 03 Yes - Member | | | | | | |
| | 46. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER | | 47. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 48. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | | 49. WEATHER CONDITIONS CLEAR | | | | |
| | 50. MAKE/MANUFACTURER GLOCK, INC.-AU- | | 51. MODEL 17 | | 52. BARREL LENGTH 4.48 | | 53. CALIBER/GAUGE 9 MM | | | | |
| | 54. TASER DART ID NO. | | 55. WEAPON SERIAL No. (Include Letters) YYU775 | | 56. CHICAGO GUN REG. NO. R036991S | | 57. IL FIREARM OWNER ID. NO. 13836737 | | 58. HANDGUN CERTIFICATE NO. | | |
| | 59. SPECIAL WEAPON CERTIFICATE NO. | | 60. PROPERTY INVENTORY NO. | | 61. TYPE OF AMMUNITION USED Department Issued | | 62. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. 1 | | 63. TOTAL NO. OF SHOTS MEMBER FIRED 5 | | |
| | 64. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER | | 65. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. NO. OF CARTRIDGES/SHOT SHELLS RELOADED | | 67. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST) | | | | |
| | 68. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW | | 69. SPECIFY METHOD/EQUIPMENT USED TO RELOAD | | | | 70. DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO | | | | |
| | 71. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DORRWAYS, CAR, FURNITURE, ETC) PINNED BETWEEN VEHICLES | | | | | 72. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input checked="" type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | | | | |
| | 73. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input checked="" type="checkbox"/> 01 SUBJECT <input type="checkbox"/> 03 ANIMAL <input type="checkbox"/> 05 SUBJECT & OTHER CATEGORY <input type="checkbox"/> 07 NONE <input checked="" type="checkbox"/> 02 OTHER PERSON <input type="checkbox"/> 04 OBJECT <input type="checkbox"/> 06 UNKNOWN <input type="checkbox"/> 08 ANY OTHER COMBINATION | | | | | 74. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) | | | | | |

LIEUTENANT OR ABOVE/INCIDENT COMMANDER REVIEW

FOR REPORTABLE USE OF FORCE INCIDENTS, THE FOLLOWING RANKED SUPERVISOR WILL BE RESPONSIBLE FOR REVIEW AND APPROVAL OF ALL TRRS FROM THE SAME INCIDENT: 1. THE EXEMPT-LEVEL INCIDENT COMMANDER WILL REVIEW AND APPROVE THE FOLLOWING TYPES OF INCIDENTS: (A) THE DISCHARGE OF IMPACT MUNITIONS OR A FIREARM BY A DEPARTMENT MEMBER, EXCLUDING UNINTENTIONAL DISCHARGES WITH NO INJURY AND DISCHARGES TO DESTROY AN ANIMAL. (B) A MEMBER'S USE OF FORCE, BY WHATEVER MEANS, THAT RESULTS IN THE DEATH OR INJURIES LIKELY TO CAUSE DEATH OF ANY INDIVIDUAL. (C) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT IN WHICH ANOTHER MEMBER USED FORCE AS STATED ABOVE. 2. THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF CAPTAIN OR ABOVE WILL REVIEW AND APPROVE TRRS FOR THE FOLLOWING INCIDENTS: (A) THE DESTRUCTION OF AN ANIMAL WITH NO HUMAN INJURY. (B) AN ACCIDENTAL WEAPONS DISCHARGE WITH NO INJURY. (C) ANY INCIDENT NORMALLY INVESTIGATED BY A LIEUTENANT WHERE A LIEUTENANT IN THE DISTRICT OF OCCURRENCE IS NOT AVAILABLE. (3) THE ASSIGNED DISTRICT OF OCCURRENCE MEMBER THE RANK OF LIEUTENANT WILL INVESTIGATE ALL OTHER INCIDENTS.

81. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Reporting Deputy Chief was unable to interview the shooting officer due to his injuries and medication

82. LIEUTENANT OR ABOVE/INCIDENT COMMANDER: COMMENTS

This Incident is under review by the Independent Review Authority and will receive additional investigation at this time.

83. LIEUTENANT OR ABOVE/INCIDENT COMMANDER USE ONLY

☒ I HAVE REVIEWED THIS TRR AND COMPLIED WITH THE DUTIES OUTLINED IN G03-02-05.

84. LIEUTENANT OR ABOVE/INCIDENT COMMANDER DETERMINATION

☒ INDEPENDENT POLICE REVIEW AUTHORITY (IPRA) NOTIFIED.

☐ LOG NO. 1086683 OBTAINED

85. LIEUTENANT OR ABOVE/INCIDENT COMMANDER (Print Name)

CALURIS, STEVEN M

86.

TRR _____ OF _____ TRR(S)

87. DISTRIBUTION OF TRR:

IF A PAPER TRR WAS COMPLETED DUE TO AN UNAVAILABILITY OF THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION:

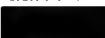
1. THE ORIGINAL TRR WILL BE FORWARDED TO DIRECTOR, RECORDS DIVISION - TO BE INCLUDED WITH THE CORRESPONDING CASE FILE.

2. A COPY OF THE PAPER TRR WILL BE FORWARDED TO:

A. INDEPENDENT POLICE REVIEW AUTHORITY, AND

B. COMMANDER, INFORMATION SERVICES DIVISION, TO ENSURE DATA ENTRY INTO THE AUTOMATED TACTICAL RESPONSE REPORT APPLICATION.

SIGNATURE



DATE COMPLETED TIME

10-SEP-2017 08:10:10